

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		2					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11	1						61				
12		1					62				
13		2					63				
14		2					64				
15		2					65				
16		2					66				
17		2					67				
18	1						68				
19		1					69				
20	1						70				
21		2					71				
22		2					72				
23		2					73				
24		2					74				
25		2					75				
26		2					76				
27		2					77				
28		2					78				
29		2					79				
30		2					80				
31	1						81				
32		1					82				
33		1					83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	44						TOTAL DEP.				
TOTAL CLAIMS	49						TOTAL CLAIMS				